

# TNAI SCHOLARSHIPS - 2016-17 ACADEMIC YEAR

The Trained Nurses' Association of India invites applications for award of scholarships for higher studies in Nursing for the year 2017. Scholarships are available for the following courses.

## I. FOR GENERAL NURSES

- a) Post Certificate Diploma course in Nursing Education and Administration, and other speciality courses.
- b) Post Basic BSc Nursing (Regular).
- c) Students pursuing Post-Basic BSc Nursing through Indira Gandhi National Open University (IGNOU) can also apply who have successfully completed the first year (Candidates receiving salary or any other financial support will not be eligible).
- d) Master of Nursing.
- e) PhD, MPhil in Nursing.

## II. FOR HEALTH VISITORS AND AUXILIARY NURSE MIDWIVES / MPHWS (F)

- (a) General Nursing and Midwifery course.
- (b) Any short-term course of not less than three months duration.

All the above mentioned courses and the institution should be recognised by Indian Nursing Council.

### Eligibility criteria

- ♦ The candidates should have at least 3 years' membership of the TNAI.
- ♦ Confidential reports from all the three referees mentioned in your application should be received timely.
- ♦ The application should be recommended by the President or Secretary of the concerned TNAI State Branch.
- ♦ Preference will be given to the candidate's active participation in TNAI activities at National, State, District / Zonal and Unit level.
- ♦ The proof of annual family income of the candidates (who wish to apply for scholarship) should be obtained from competent authority and attached along with the application.
- ♦ The candidate should not be a recipient of any other scholarship or any financial help from any other source.
- ♦ The candidate should not have received TNAI scholarship for at least last 5 years.

### General Conditions

- (a) The completed application forms should be received in this office along with processing fee of Rs. 100/- by demand draft in favour of TNAI by **May 31, 2017**.
- ♦ (b) All applications should be signed by / routed through your TNAI State Branch, President/ Secretary.
- (c) Application received after the last date i.e. **May 31, 2017** will not be entertained.

Candidates selected for the Scholarship are required to sign an agreement to the effect that they will serve for **at least two years within India**. In case of default, the awardees shall be liable to refund the entire Scholarship amount with interest.

## APPLICATION FOR TNAI SCHOLARSHIPS : 2016-17 ACADEMIC YEAR

Note:

- a) Completed Application form should be sent to the Secretary-General, Trained Nurses' Association of India, L-17, Florence Nightingale Lane, Green Park, New Delhi-110016, up to May 31, 2017. Incomplete application will not be accepted.
- b) Application fee of Rs. 100/- by cash or demand draft drawn in favour of "The Trained Nurses' Association of India" and two photographs should be attached with the application form.
- c) Last date of receiving application form is May 31, 2017 after which applications will not be entertained.

Photograph

1. Full Name: Miss/Mrs./Mr./Sr. \_\_\_\_\_  
(in block letters)
2. Date of Birth: \_\_\_\_\_
3. Nationality: \_\_\_\_\_
4. a) Present Address \_\_\_\_\_  
b) Permanent Address if different from present address: \_\_\_\_\_
5. Phone Nos. Mobile: \_\_\_\_\_ Land line: \_\_\_\_\_  
E-mail: \_\_\_\_\_
6. Marital Status: Single, Married, Widow, Widower: \_\_\_\_\_
7. Number of children, if any, with age: \_\_\_\_\_
8. Name of the course: \_\_\_\_\_ Year of study: \_\_\_\_\_
9. Date of commencement of course: \_\_\_\_\_ Completion: \_\_\_\_\_
10. Name and address of the Institution: \_\_\_\_\_
11. TNAI Life Membership No: \_\_\_\_\_ Date of enrollment \_\_\_\_\_
12. Have you ever held any office of TNAI at Unit /District/State level? \_\_\_\_\_
13. Have you ever served on the National Executive Committee/ Council/HOD of TNAI? \_\_\_\_\_
14. Participation in TNAI activities / membership and fund raising campaign - Yes or No ? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_
15. Have you published any Articles, if Yes, Journal name & year and month of publication \_\_\_\_\_
16. Have you applied for any scholarship to any other Agency? If yes, Please mention the name of the Agency to which you have applied \_\_\_\_\_



17. Will you be getting any financial help/stipend/scholarship/deputation allowance from any other source/institution? If yes, please give details: \_\_\_\_\_
18. Are you deputed for studies on full/half/without pay (mention how much amount you will be getting) or you have to resign your job to take up the study? Give details: \_\_\_\_\_
19. Please give names and addresses of three references. At least two among them should be from the Nursing Profession (Head of the institution / Hospital / other Organisation).  
**Name, designation and full Address (in capital letters) with mobile/ phone Nos./ Email**
1. \_\_\_\_\_
2. \_\_\_\_\_
3. Any other (who is not related to the candidate): \_\_\_\_\_
- A. I have attached copies of the Medical fitness certificate (in original) and following certificates attested either by TNAI Council member, Gazetted Officer or a District Magistrate with this application form:
- [a] Certificate of ANM / GNM / BSc / PC BSc / MSc
  - [b] Registration Certificate
  - [c] Certificate of any other training/study undertaken
  - [d] Matriculation certificate & higher examination, if passed
  - [e] Certificate of annual family income of the candidate from competent authority
  - [f] A letter from the Principal, College of Nursing showing admission in the respective institution
  - [g] Photocopy of TNAI Life membership card
- B. I undertake to refund the whole amount of scholarship paid to me, to the Trained Nurses' Association of India in case I am offered financial help from any other source(s).
- C. I hereby certify that the information given in this application form is true to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the candidate

### Recommendation

Recommendation by the State branch President or Secretary keeping in view the merit of the candidate and the eligibility for the TNAI Scholarship

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**  
**President/Secretary State Branch, TNAI**